

**APPLICATION DATA SHEET****APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Process for the Preparation of Macrocyclic Compounds
Attorney Docket Number::	1/1434
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Wolfgang
Middle Name::	
Family Name::	DERSCH
Name Suffix::	
City of Residence::	Ingelheim
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Magdeburger Strasse 60
City of mailing address::	Ingelheim

**State or Province of mailing address::**

**Country of mailing address::** Germany

**Postal or Zip Code of mailing address::** 55218

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** Germany

**Status::** Full Capacity

**Given Name::** Wendelin

**Middle Name::**

**Family Name::** SAMSTAG

**Name Suffix::**

**City of Residence::** Bad Kreuznach

**State or Province of Residence::**

**Country of Residence::** Germany

**Street of mailing address::** Franziska-Puricelli-Strasse 6

**City of mailing address::** Bad Kreuznach

**State or Province of mailing address::**

**Country of mailing address::** Germany

**Postal or Zip Code of mailing address::** 55543

#### **CORRESPONDENCE INFORMATION**

**Correspondence Customer Number::** 28501

#### **REPRESENTATIVE INFORMATION**

**Representative Customer Number::** 28501

#### **DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Non-Provisional of	60/461,879	April 10, 2003
	Non-Provisional of		
	Non-Provisional of		

**FOREIGN PRIORITY INFORMATION**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
			Yes
			Yes
			Yes

**ASSIGNEE INFORMATION****Assignee name::**

**Street of mailing address::** Boehringer Ingelheim International GmbH  
**City of mailing address::** Binger Strasse 173  
**State or Province of mailing address::** Ingelheim  
**Country of mailing address::** Germany  
**Postal or Zip Code of mailing address::** 55216